

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: DC
APPLICATION YEAR: 2005

- [FORM 1 - SF424](#)
- [FORM 2 - MCH BUDGET DETAILS](#)
- [FORM 3 - STATE MCH FUNDING PROFILE](#)
- [FORM 4 - BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED AND SOURCES OF FEDERAL FUNDS](#)
- [FORM 5 - STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES](#)
- [FORM 6 - NUMBER AND PERCENTAGE OF NEWBORN AND OTHERS SCREENED, CASE CONFIRMED, AND TREATED](#)
- [FORM 7 - NUMBER OF INDIVIDUALS SERVED \(UNDUPLICATED\) UNDER TITLE V](#)
- [FORM 8 - DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE XIX](#)
- [FORM 9 - STATE MCH TOLL-FREE TELEPHONE LINE DATA](#)
- [FORM 10 - TITLE V MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT STATE PROFILE FOR FY 2004](#)
- [FORM 11 - NATIONAL AND STATE PERFORMANCE MEASURES](#)
- [FORM 12 - NATIONAL AND STATE OUTCOME MEASURES](#)
- [FORM 13 - CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CHILDREN WITH SPECIAL HEALTH CARE NEEDS](#)
- [FORM 14 - LIST OF MCH PRIORITY NEEDS](#)
- [FORM 15 - TECHNICAL ASSISTANCE \(TA\) REQUEST AND TRACKING](#)
- [FORM 16 - STATE PERFORMANCE/OUTCOME MEASURE DETAIL SHEETS](#)
- [FORM 17 - HEALTH SYSTEM CAPACITY INDICATORS \(01 THROUGH 04,07,08\) - MULTI-YEAR DATA](#)
- FORM 18
 - [MEDICAID AND NON-MEDICAID COMPARISON](#)
 - [MEDICAID ELIGIBILITY LEVEL \(HSCI 06\)](#)
 - [SCHIP ELIGIBILITY LEVEL \(HSCI 06\)](#)
- FORM 19
 - [GENERAL MCH DATA CAPACITY \(HSCI 09A\)](#)
 - [ADOLESCENT TOBACCO USE DATA CAPACITY \(HSCI 09B\)](#)
 - [OVERWEIGHT AND OBESITY DATA CAPACITY \(HSCI 09C\)](#)
- [FORM 20 - HEALTH STATUS INDICATORS 01-05 - MULTI-YEAR DATA](#)
- FORM 21
 - [POPULATION DEMOGRAPHICS DATA \(HSI 06\)](#)
 - [LIVE BIRTH DEMOGRAPHICS DATA \(HSI 07\)](#)
 - [INFANT AND CHILDREN MORTALITY DATA \(HSI 08\)](#)
 - [MISCELLANEOUS DEMOGRAPHICS DATA \(HSI 09\)](#)
 - [GEOGRAPHIC LIVING AREA DEMOGRAPHIC DATA \(HSI 10\)](#)
 - [POVERTY LEVEL DEMOGRAPHIC DATA \(HSI 11\)](#)
 - [POVERTY LEVEL FOR CHILDREN DEMOGRAPHICS DATA \(HSI 12\)](#)

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 5/15/2004	APPLICANT IDENTIFIER
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY STATE 3/24/2004	STATE APPLICATION IDENTIFIER
Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	FEDERAL IDENTIFIER
5. APPLICANT INFORMATION			
Legal Name: DC Department of Health		Organizational Unit: Maternal and Family Health Administration	
Address (give city, county, state and zip code) 825 North Capitol Street SE Suite 300 Washington, DC 20002 County: United States		Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Marilyn Seabrooks Myrdal Tel Number: 202-442-5925	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">5</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">6</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">0</div><div style="border: 1px solid black; padding: 2px 5px;">1</div><div style="border: 1px solid black; padding: 2px 5px;">1</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">1</div></div>		7. TYPE OF APPLICANT: (Enter appropriate letter in box) A A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipality J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipality M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):		9 NAME OF FEDERAL AGENCY: Health Resources and Services Administration, Maternal and Child Health Bureau	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="display: flex; gap: 10px;"><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">3</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">9</div><div style="border: 1px solid black; padding: 2px 5px;">4</div></div> TITLE: Maternal and Child Health Services Block Grant		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Maternal and Child Health Services	
12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): City-wide			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date: 10/01/2004	Ending Date: 09/30/2005	a. Applicant District of Columbia	b. Project District of Columbia
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ <u>7,170,736.00</u>	a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ <u>0.00</u>		
c. State	\$ <u>6,937,774.00</u>		
d. Local	\$ <u>0.00</u>		
e. Other	\$ <u>0.00</u>		
f. Program Income	\$ <u>0.00</u>		
g. TOTAL	\$ <u>14,108,510.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Herbert R. Tillery		b. Title Interim Director	c. Telephone Number 202-442-5999
d. Signature of Authorized Representative		e. Date Signed	

FORM 2
MCH BUDGET DETAILS FOR FY 2005

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: DC

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])
Of the Federal Allocation (1 above), the amount earmarked for:

\$ 7,170,736

A.Preventive and primary care for children:

\$ 2,151,221 (30%)

B.Children with special health care needs:

\$ 2,151,221 (30%)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 717,073 (10%)

(The above figure cannot be more than 10%)[Sec. 504(d)]

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 6,937,774

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 0

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 0

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 5,288,000

\$ 6,937,774

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 14,108,510

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 100,000

d. Abstinence Education: \$ 145,044

e. Healthy Start: \$ 3,700,000

f. EMSC: \$ 0

g. WIC: \$ 0

h. AIDS: \$ 0

i. CDC: \$ 100,000

j. Education: \$ 0

k. Other: \$ 0

Child Fatality Review \$ 149,302

Genetic Services \$ 300,000

Newborn Hearing Screen \$ 153,561

Oral Healthcare Access \$ 50,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 4,797,907

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 18,906,417

FORM NOTES FOR FORM 2
None
FIELD LEVEL NOTES
None

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: DC

	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 7,055,160	\$ 7,055,160	\$ 7,022,346	\$ 0	\$ 7,170,736	\$ 0
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 5,452,000	\$ 5,452,000	\$ 6,896,174	\$ 0	\$ 6,937,774	\$ 0
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 12,507,160	\$ 12,507,160	\$ 13,918,520	\$ 0	\$ 14,108,510	\$ 0
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 4,461,634	\$ 4,461,634	\$ 5,967,061	\$ 0	\$ 4,797,907	\$ 0
9. Total <i>(Line11, Form 2)</i>	\$ 16,968,794	\$ 16,968,794	\$ 19,885,581	\$ 0	\$ 18,906,417	\$ 0
(STATE MCH BUDGET TOTAL)						

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: DC

	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
1. Federal Allocation <i>(Line1, Form 2)</i>	\$ 7,016,609	\$ 7,016,609	\$ 7,031,721	\$ 7,031,721	\$ 7,022,346	\$ 7,022,346
2. Unobligated Balance <i>(Line2, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
3. State Funds <i>(Line3, Form 2)</i>	\$ 5,300,000	\$ 5,300,000	\$ 5,300,000	\$ 5,300,000	\$ 5,725,000	\$ 6,896,174
4. Local MCH Funds <i>(Line4, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
5. Other Funds <i>(Line5, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
6. Program Income <i>(Line6, Form 2)</i>	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
7. Subtotal <i>(Line8, Form 2)</i>	\$ 12,316,609	\$ 12,316,609	\$ 12,331,721	\$ 12,331,721	\$ 12,747,346	\$ 13,918,520
(THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP)						
8. Other Federal Funds <i>(Line10, Form 2)</i>	\$ 4,270,439	\$ 4,270,439	\$ 3,923,460	\$ 0	\$ 4,565,634	\$ 4,565,634
9. Total <i>(Line11, Form 2)</i>	\$ 16,587,048	\$ 16,587,048	\$ 16,255,181	\$ 12,331,721	\$ 17,312,980	\$ 18,484,154
(STATE MCH BUDGET TOTAL)						

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2002
Field Note:
The increase in state funds resulted from an increase in the costs associated with the school health nursing program.

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: DC

	FY 2003		FY 2004		FY 2005	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 988,954	\$ 988,954	\$ 1,009,084	\$ 0	\$ 1,334,823	\$ 0
b. Infants < 1 year old	\$ 1,100,000	\$ 1,100,000	\$ 1,006,986	\$ 0	\$ 1,332,724	\$ 0
c. Children 1 to 22 years old	\$ 2,116,548	\$ 2,116,548	\$ 2,106,704	\$ 0	\$ 2,151,221	\$ 0
d. Children with Special Healthcare Needs	\$ 2,144,142	\$ 2,144,142	\$ 2,197,338	\$ 0	\$ 2,151,221	\$ 0
e. Others	\$ 5,452,000	\$ 5,452,000	\$ 6,896,174	\$ 0	\$ 6,421,447	\$ 0
f. Administration	\$ 705,516	\$ 705,516	\$ 702,234	\$ 0	\$ 717,074	\$ 0
g. SUBTOTAL	\$ 12,507,160	\$ 12,507,160	\$ 13,918,520	\$ 0	\$ 14,108,510	\$ 0

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 763,583		\$ 0	
b. SSDI	\$ 96,000		\$ 100,000		\$ 100,000	
c. CISS	\$ 0		\$ 0		\$ 100,000	
d. Abstinence Education	\$ 120,439		\$ 120,439		\$ 145,044	
e. Healthy Start	\$ 3,700,000		\$ 3,712,030		\$ 3,700,000	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 200,000		\$ 0		\$ 100,000	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
Child Fatality Review	\$ 0		\$ 0		\$ 149,302	
Genetic Services	\$ 0		\$ 0		\$ 300,000	
Newborn Hearing Scre	\$ 0		\$ 0		\$ 153,561	
Oral Healthcare Access	\$ 0		\$ 0		\$ 50,000	
See Notes	\$ 0		\$ 1,271,009		\$ 0	
Newborn Hearing	\$ 195,195		\$ 0		\$ 0	
State Mortality Morbidity	\$ 150,000		\$ 0		\$ 0	
III. SUBTOTAL	\$ 4,461,634		\$ 5,967,061		\$ 4,797,907	

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: DC

	FY 2000		FY 2001		FY 2002	
I. Federal-State MCH Block Grant Partnership	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
a. Pregnant Women	\$ 1,281,787	\$ 1,281,787	\$ 1,281,787	\$ 1,281,787	\$ 1,053,352	\$ 1,009,084
b. Infants < 1 year old	\$ 1,281,787	\$ 1,281,787	\$ 1,406,345	\$ 1,406,345	\$ 1,053,352	\$ 1,006,986
c. Children 1 to 22 years old	\$ 1,894,484	\$ 1,894,484	\$ 2,109,517	\$ 2,109,517	\$ 2,106,704	\$ 2,106,704
d. Children with Special Healthcare Needs	\$ 1,894,485	\$ 1,894,485	\$ 2,109,517	\$ 2,109,517	\$ 2,106,704	\$ 2,197,338
e. Others	\$ 5,262,457	\$ 5,262,457	\$ 4,721,383	\$ 4,721,383	\$ 5,725,000	\$ 6,896,174
f. Administration	\$ 701,609	\$ 701,609	\$ 703,172	\$ 703,172	\$ 702,234	\$ 702,234
g. SUBTOTAL	\$ 12,316,609	\$ 12,316,609	\$ 12,331,721	\$ 12,331,721	\$ 12,747,346	\$ 13,918,520

II. Other Federal Funds (under the control of the person responsible for administration of the Title V program).						
a. SPRANS	\$ 0		\$ 0		\$ 0	
b. SSDI	\$ 100,000		\$ 95,000		\$ 100,000	
c. CISS	\$ 50,000		\$ 0		\$ 0	
d. Abstinence Education	\$ 120,439		\$ 120,439		\$ 120,439	
e. Healthy Start	\$ 4,000,000		\$ 3,708,021		\$ 4,000,000	
f. EMSC	\$ 0		\$ 0		\$ 0	
g. WIC	\$ 0		\$ 0		\$ 0	
h. AIDS	\$ 0		\$ 0		\$ 0	
i. CDC	\$ 0		\$ 0		\$ 0	
j. Education	\$ 0		\$ 0		\$ 0	
k. Other						
IMR/CFR	\$ 0		\$ 0		\$ 150,000	
Newborn Hearing	\$ 0		\$ 0		\$ 195,195	
III. SUBTOTAL	\$ 4,270,439		\$ 3,923,460		\$ 4,565,634	

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2002

Field Note:

The \$1,171,174.00 variance in the budgeted amount and actual expenditures resulted from increased costs associated with the School Health Nursing Program due to new collective bargaining agreements.

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: DC

TYPE OF SERVICE	FY 2003		FY 2004		FY 2005	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 2,144,142	\$ 2,144,142	\$ 2,789,816	\$ 0	\$ 2,151,221	\$ 0
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 988,954	\$ 988,954	\$ 1,809,369	\$ 0	\$ 2,667,547	\$ 0
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 6,552,000	\$ 6,552,000	\$ 6,946,061	\$ 0	\$ 6,421,447	\$ 0
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 2,822,064	\$ 2,822,064	\$ 2,373,274	\$ 0	\$ 2,868,295	\$ 0
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 12,507,160	\$ 12,507,160	\$ 13,918,520	\$ 0	\$ 14,108,510	\$ 0

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: DC

TYPE OF SERVICE	FY 2000		FY 2001		FY 2002	
	BUDGETED	EXPENDED	BUDGETED	EXPENDED	BUDGETED	EXPENDED
I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.)	\$ 4,779,066	\$ 4,779,066	\$ 4,700,000	\$ 4,700,000	\$ 2,789,816	\$ 2,789,816
II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.)	\$ 2,037,543	\$ 2,037,543	\$ 2,762,305	\$ 2,762,305	\$ 1,675,342	\$ 1,809,369
III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.)	\$ 2,500,000	\$ 2,500,000	\$ 2,411,830	\$ 2,411,830	\$ 6,064,174	\$ 6,946,061
IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.)	\$ 3,000,000	\$ 3,000,000	\$ 2,457,586	\$ 2,457,586	\$ 2,218,014	\$ 2,373,274
V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.)	\$ 12,316,609	\$ 12,316,609	\$ 12,331,721	\$ 12,331,721	\$ 12,747,346	\$ 13,918,520

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1.

Section Number: Main

Field Name: PopBasedExpended

Row Name: Population-Based Services

Column Name: Expended

Year: 2002

Field Note:

The actual expenditures exceed the budgeted amount due to increased costs associated with the School Health Nursing Program.

FORM 6						
NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED						
<small>Sect. 506(a)(2)(B)(iii)</small>						
STATE: DC						
Total Births by Occurrence: <u>14,777</u>					Reporting Year: 2003	
Type of Screening Tests	(A) Receiving at least one Screen (1)		(B) No. of Presumptive Positive Screens	(C) No. Confirmed Cases (2)	(D) Needing Treatment that Received Treatment(3)	
	No.	%			No.	%
Phenylketonuria	14,777	100	1	2	2	100
Congenital Hypothyroidism	14,777	100	11	2	2	100
Galactosemia	14,777	100	7	1	1	100
Sickle Cell Disease	14,777	100	28	24	24	100
Other Screening (Specify)						
Homocystinuria	14,777	100	2	2	2	100
Maple Syrup Urine Disease (MSUD)	14,777	100	0	0	0	
Other - G-6-PD	14,777	100	249	249	0	0
Screening Programs for Older Children & Women (Specify Tests by name)						

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: BirthOccurence
Row Name: Total Births By Occurence
Column Name: Total Births By Occurence
Year: 2005
Field Note:
This is a preliminary number for 2003. The 2003 birth file has not been reconciled as of this reporting date.
2. **Section Number:** Main
Field Name: Phenylketonuria_Presumptive
Row Name: Phenylketonuria
Column Name: Presumptive positive screens
Year: 2005
Field Note:
Number does not contradict column C. There was one presumptive positive and one inconclusive initial screen.
3. **Section Number:** Main
Field Name: Phenylketonuria_Confirmed
Row Name: Phenylketonuria
Column Name: Confirmed Cases
Year: 2005
Field Note:
Number does not contradict column B. There was one inconclusive and one presumptive positive screen.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: DC

Reporting Year: 2003

	TITLE V	PRIMARY SOURCES OF COVERAGE				
Types of Individuals Served	(A) Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private/Other %	(E) None %	(F) Unknown %
Pregnant Women	616	45.0	10.0	40.0	5.0	
Infants < 1 year old	14,777	45.0		50.0	5.0	
Children 1 to 22 years old	29,230	57.0	9.0	25.0	9.0	
Children with Special Healthcare Needs	398	95.0		4.0	1.0	
Others	5,386	45.0	10.0	40.0	5.0	
TOTAL	50,407					

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2005
Field Note:
Number includes pregnant women provided transportation (261) and crib-give-away program (355) services during FY03.
2. **Section Number:** Main
Field Name: PregWomen_XIX
Row Name: Pregnant Women
Column Name: Title XIX %
Year: 2005
Field Note:
Estimate
3. **Section Number:** Main
Field Name: PregWomen_XXI
Row Name: Pregnant Women
Column Name: Title XXI %
Year: 2005
Field Note:
Estimate
4. **Section Number:** Main
Field Name: PregWomen_Private
Row Name: Pregnant Women
Column Name: Private/Other %
Year: 2005
Field Note:
Estimate
5. **Section Number:** Main
Field Name: PregWomen_None
Row Name: Pregnant Women
Column Name: None %
Year: 2005
Field Note:
Estimate
6. **Section Number:** Main
Field Name: Children_0_1_XIX
Row Name: Infants <1 year of age
Column Name: Title XIX %
Year: 2005
Field Note:
Estimate
7. **Section Number:** Main
Field Name: Children_0_1_Private
Row Name: Infants <1 year of age
Column Name: Private/Other %
Year: 2005
Field Note:
Estimate
8. **Section Number:** Main
Field Name: Children_0_1_None
Row Name: Infants <1 year of age
Column Name: None %
Year: 2005
Field Note:
Estimate
9. **Section Number:** Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2005
Field Note:
Includes persons seen for the following services during FY03:
51 - Genetic Services Program
1399 - Sickle Cell Awareness Education program
2969 - Asthma Awareness Education program
22,138 - Lead Screening program
117 - Hearing and vision screening of Headstart children
1206 - Hearing and vision screening of school-age children
1350 - General health education during Teen Pregnancy Prevention Month
10. **Section Number:** Main
Field Name: Children_1_22_XIX
Row Name: Children 1 to 22 years of age
Column Name: Title XIX %
Year: 2005
Field Note:
Estimate
11. **Section Number:** Main
Field Name: Children_1_22_XXI
Row Name: Children 1 to 22 years of age

Column Name: Title XXI %

Year: 2005

Field Note:

Estimate

12. **Section Number:** Main

Field Name: Children_1_22_Private

Row Name: Children 1 to 22 years of age

Column Name: Private/Other %

Year: 2005

Field Note:

Estimate

13. **Section Number:** Main

Field Name: Children_1_22_None

Row Name: Children 1 to 22 years of age

Column Name: None %

Year: 2005

Field Note:

Estimate based on Kaiser Foundation Report

14. **Section Number:** Main

Field Name: CSHCN_TS

Row Name: Children with Special Health Care Needs

Column Name: Title V Total Served

Year: 2005

Field Note:

Includes services provided to children attending Mamie D. Lee and Sharpe Health School

15. **Section Number:** Main

Field Name: AllOthers_TS

Row Name: Others

Column Name: Title V Total Served

Year: 2005

Field Note:

Includes persons seen during FY03 for the following services:

5336 - (post-partum/parenting women) seen through the Discharge Planner Program

50 - (post-partum/parenting women) HEALTHLINE Transportation

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: DC

Reporting Year: 2003

I. UNDUPLICATED COUNT BY RACE

	(A) Total All Races	(B) White	(C) Black or African American	(D) American Indian or Native Alaskan	(E) Asian	(F) Native Hawaiian or Other Pacific Islander	(G) More than one race reported	(H) Other and Unknown
DELIVERIES								
Total Deliveries in State	14,777	3,547	8,866	148	296	148		1,772
Title V Served	14,177	3,547	8,866	148	296	148		1,172
Eligible for Title XIX	6,976	106	6,650	3	6	34		177
INFANTS								
Total Infants in State	7,494	1,808	4,532	7	152	34		961
Title V Served	7,494	1,808	4,532	7	152	34		961
Eligible for Title XIX	3,563	54	3,399	2	3	8		97

II. UNDUPLICATED COUNT BY ETHNICITY

				HISPANIC OR LATINO (Sub-categories by country or area of origin)				
	(A) Total NOT Hispanic or Latino	(B) Total Hispanic or Latino	(C) Ethnicity Not Reported	(B.1) Mexican	(B.2) Cuban	(B.3) Puerto Rican	(B.4) Central and South American	(B.5) Other and Unknown
DELIVERIES								
Total Deliveries in State	12,856	1,921						1,921
Title V Served	12,856	1,921						1,921
Eligible for Title XIX	6,042	903						903
INFANTS								
Total Infants in State	6,494	1,000						1,000
Title V Served	6,494	1,000						1,000
Eligible for Title XIX	3,052	470						470

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

1.

Section Number: I. Unduplicated Count By Race

Field Name: InfantsTotal_All

Row Name: Total Infants in State

Column Name: Total All Races

Year: 2005

Field Note:

This number includes only DC residents. The number for infants<1 year old on Form 7 includes all birth occurrences, since the Title V Program screens ALL infants born in the District for certain metabolic conditions.

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: DC

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number	(800) MOM BABY	(800) MOM BABY	(800) MOM BABY	(800) MOM BABY	(800) MOM BABY
2. State MCH Toll-Free "Hotline" Name	HEALTHLINE	HEALTHLINE	HEALTHLINE	HEALTHLINE	HEALTHLINE
3. Name of Contact Person for State MCH "Hotline"	Marilyn Seabrooks Myrda	Marilyn Seabrooks Myrda	Marilyn Seabrooks Myrda	Marilyn Seabrooks Myrda	Marilyn Seabrooks Myrda
4. Contact Person's Telephone Number	(202) 442-5925	(202) 442-5925	(202) 442-5925	(202) 442-5925	(202) 442-5925
5. Number of calls received on the State MCH "Hotline" this reporting period			16,572	14,135	13,861

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: DC

	FY 2005	FY 2004	FY 2003	FY 2002	FY 2001
1. State MCH Toll-Free "Hotline" Telephone Number					
2. State MCH Toll-Free "Hotline" Name					
3. Name of Contact Person for State MCH "Hotline"					
4. Contact Person's Telephone Number					
5. Number of calls received on the State MCH "Hotline" this reporting period	0	0	0	0	0

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

None

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2005
[SEC. 506(A)(1)]
STATE: DC

1. State MCH Administration:
(max 2500 characters)

The Maternal and Family Health Administration's (the Administration) mission is to plan, promote and coordinate a state-based system of comprehensive health services in the public and private sectors in the District of Columbia for all mothers, infants, children and adolescents, including children with special health care needs. The Administration is the single state agency that administers the Title V Maternal and Child Health Services Block Grant, and it is also responsible for developing and assuring the implementation of programs addressing special maternal and child health problems including infant mortality, teen pregnancy, metabolic disorders, and disabilities and barriers to accessing appropriate health services.

Block Grant Funds

2. Federal Allocation (Line 1, Form 2)	\$ 7,170,736
3. Unobligated balance (Line 2, Form 2)	\$ 0
4. State Funds (Line 3, Form 2)	\$ 6,937,774
5. Local MCH Funds (Line 4, Form 2)	\$ 0
6. Other Funds (Line 5, Form 2)	\$ 0
7. Program Income (Line 6, Form 2)	\$ 0
8. Total Federal-State Partnership (Line 8, Form 2)	\$ 14,108,510

9. Most significant providers receiving MCH funds:

Children's Natonal Medical Center
Children's Lead Poisoning Prevention Program
Mary's Center for Maternal and Child Care
Howard University Hospital

10. Individuals served by the Title V Program (Col. A, Form 7)

a. Pregnant Women	616
b. Infants < 1 year old	14,777
c. Children 1 to 22 years old	29,230
d. CSHCN	398
e. Others	5,386

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Door-to-door van transportation will be available for uninsured pregnant women and infants. Care coordination including home visits will be provided to specific at-risk categories of women and infants. Hospital-based discharge planning will be provided to link families and newborns to home visits and other services.

b. Population-Based Services:
(max 2500 characters)

Birthing hospitals and centers, and other private organizations will be involved in universal infant hearing screening with diagnostic follow-up, treatment and early intervention services. Support for the lead poisoning control program will continue. The newborn metabolic screening and testing program will continue to screen, test and follow-up positive test results. Education and information will be provided to parents on a variety of services for children with special needs.

c. Infrastructure Building Services:
(max 2500 characters)

Maternal and Family Health Administration will complete planning efforts related to CSHCN and adolescent health divisions. The Administration will engage stakeholders in a 5 year needs assessment and strategic planning. Several data linkage projects and the development of the birth defects surveillance system will continue.

12. The primary Title V Program contact person:

Name	Marilyn Seabrooks Myrdal
Title	Maternal and Child Officer
Address	Department of HealthMaternal & Family Health Adminis
City	Washington
State	DC
Zip	20002
Phone	(202) 442-5925
Fax	(202) 442-4947/4948

13. The children with special health care needs (CSHCN) contact person:

Name	Joyce Brooks, MSW
Title	Special Needs Coordinator
Address	Department of HealthMaternal and Family Health Admini
City	Washington
State	DC
Zip	20002
Phone	(202) 727 7540
Fax	(202) 727 7789

Email mseabrooks@dchealth.com

Web www.dchealth.gov

Email jbrooks@dchealth.com

Web

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(iii) AND 486 (A)(2)(A)(iii)]
STATE: DC

PERFORMANCE MEASURE # 01

The percent of newborns who are screened and confirmed with condition(s) mandated by their State-sponsored newborn screening programs (e.g. phenylketonuria and hemoglobinopathies) who receive appropriate follow up as defined by their State.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	100	100	100	100	100
Annual Indicator	99.4	99.2	100.0	100.0	100.0
Numerator	14,558	15,035	14,987	14,578	14,777
Denominator	14,648	15,156	14,987	14,578	14,777
Is the Data Provisional or Final?				Final	Provisional

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	100	100	100	100	100
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					56
Annual Indicator				55.5	55.5
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	56.5	57	57.5	58	58
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					42
Annual Indicator				41.4	41.4
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	42.5	43	43.5	44	44
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective					60.5
Annual Indicator				55.9	55.9
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	61	61.5	62	62.5	62.5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective					71
Annual Indicator				69.9	69.9
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	71.5	72	72.5	73	73
Annual Indicator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Numerator					
Denominator					

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transition to all aspects of adult life. (CSHCN Survey)

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective					6.5
Annual Indicator				5.8	5.8
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>7</u>	<u>7.5</u>	<u>8</u>	<u>8.5</u>	<u>9</u>
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	72	75	75	79	82
Annual Indicator	74	67.8	68	68.7	66.2
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	85	90	90	90	90
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	59.6	54.3	49.5	45.1	41.1
Annual Indicator	67.0	53.3	45.4	46.5	
Numerator	438	408	346	348	
Denominator	6,537	7,657	7,621	7,487	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	37.4	34.1	34.1	34.1	32
Annual Indicator					
Numerator	Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.				
Denominator					

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	13	14	15	50	55
Annual Indicator	10.0	10.0	10.0	10.0	
Numerator	668	744	744	744	
Denominator	6,677	7,437	7,437	7,437	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	60	65	67	69	69
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	4.5	4.4	4	4	4
Annual Indicator	5.4	0	2.0	0.0	
Numerator	4		2	0	
Denominator	74,627		97,939	97,939	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	4	4	4	4	4
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 11

Percentage of mothers who breastfeed their infants at hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	44	46	55	57	58
Annual Indicator	35.0	38.0	46.0	51.0	
Numerator	2,630	2,913	3,506	3,822	
Denominator	7,513	7,666	7,621	7,494	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	60	62	65	67	68
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	70	20	23	25	50
Annual Indicator	19.8	93	100.0	100.0	98.0
Numerator	2,898		15,763	14,578	14,477
Denominator	14,648		15,763	14,578	14,777
Is the Data Provisional or Final?				Final	Provisional

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	60	70	100	100	100
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	7	11	9	8	7
Annual Indicator	12.6	16	14	12	9
Numerator	13,000				
Denominator	102,959				
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	6	6	6	6	6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 14

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	91	91	92	94	94
Annual Indicator	87.2	87.2	87.2	84.1	72.6
Numerator	66,693			71,660	65,357
Denominator	76,523			85,160	89,993
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	95	96	96	96	96
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 15

The percent of very low birth weight infants among all live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	3.1	3.1	3	2.9	2.9
Annual Indicator	3.5	2.7	2.7	2.7	
Numerator	263	209	209	205	
Denominator	7,513	7,666	7,621	7,490	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.8	2.7	2.7	2.6	2.6
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	14	14	10	10	8
Annual Indicator	7.9	0	5.3	2.6	
Numerator	2		2	1	
Denominator	25,369		37,867	37,867	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7	6	6	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	73	74	75	76	78
Annual Indicator	69.2	71.6	78.0	71.2	
Numerator	182	149	163	146	
Denominator	263	208	209	205	
Is the Data Provisional or Final?				Provisional	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	79	80	80	80	80
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	74.9	77.9	81.1	84.4	87.9
Annual Indicator	68.8	74.0	74.4	75.5	
Numerator	3,986	4,706	4,859	4,885	
Denominator	5,790	6,356	6,529	6,469	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	91.5	92	92	92	92
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 1

Percent of live births to women who receive adequate prenatal care (Kotlechuck)

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	60.6	62	63.4	64.9	66.4
Annual Indicator	54.8	60.2	64.9	60.2	
Numerator	3,250	3,727	4,235	3,794	
Denominator	5,931	6,189	6,529	6,306	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	67.9	69.5	70	70.5	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 3

Percent of Medicaid enrollees receiving EPSDT screening

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	57	60	65	70	75
Annual Indicator	54.7	69.8		63.3	71.0
Numerator	23,771	35,904		35,108	46,382
Denominator	43,483	51,445		55,436	65,357
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	80	85			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 4

Prevalence of lead levels > 10 ug/dL among children through age 6

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	3.6	3.3	2.9	2.7	2.4
Annual Indicator	7.9	6.8	9.9	5.8	1.8
Numerator	1,402	1,488	2,201	1,322	400
Denominator	17,840	21,860	22,210	22,820	22,138
Is the Data Provisional or Final?				Final	Final

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	2.2	1.9	1.9	1.9	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 5

Prevalence of tobacco use among pregnant women

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	3.6	3.1	3.1	2.7	2.3
Annual Indicator	3.8	2.6	3.7	3.9	
Numerator	285	200	282	290	
Denominator	7,509	7,663	7,621	7,494	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	1.9	1.7	1.7	1.7	1.7
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 7

Proportion of unintended pregnancy

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	45	45	43	41	40
Annual Indicator	51.2	54.1	59	51	
Numerator					
Denominator					
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	38	37	37	37	36
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 8

Percent of resident women who give birth with no prenatal care or entry into prenatal care in 3rd trimester

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	8.1	7.6	7.1	6.6	6.2
Annual Indicator	10.7	8.3	7.5	8.3	
Numerator	638	525	491	534	
Denominator	5,970	6,356	6,529	6,469	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	5.8	5.4	5.3	5	5
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE PERFORMANCE MEASURE # 9

Incidence of repeat births for teens less than 19 years of age

Annual Objective and Performance Data

	1999	2000	2001	2002	2003
Annual Performance Objective	21.3	20.9	20.6	20.3	19.9
Annual Indicator	18.8	18.5	18.4	16.4	
Numerator	139	137	125	102	
Denominator	741	739	680	621	
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data

	2004	2005	2006	2007	2008
Annual Performance Objective	19.6	19.3	19	18.5	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 11

None

FIELD LEVEL NOTES

1. **Section Number:** Performance Measure #1
Field Name: PM01
Row Name:
Column Name:
Year: 2005
Field Note:
The 2003 number is provisional at this time since the 2003 birth file has not been reconciled for the year. There is a discrepancy of 154 births between the number of initial screens (14,777) and the unofficial 2003 birth occurrences (14,623) for the District.
2. **Section Number:** Performance Measure #2
Field Name: PM02
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
3. **Section Number:** Performance Measure #3
Field Name: PM03
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
4. **Section Number:** Performance Measure #4
Field Name: PM04
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
5. **Section Number:** Performance Measure #5
Field Name: PM05
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
6. **Section Number:** Performance Measure #6
Field Name: PM06
Row Name:
Column Name:
Year: 2005
Field Note:
The data reported in 2002 have pre-populated the data for 2003 for this performance measure.
7. **Section Number:** Performance Measure #7
Field Name: PM07
Row Name:
Column Name:
Year: 2005
Field Note:
2003 estimate is based upon National Immunization Survey, 4:3:1:3:3 series. CIs +/-8.5, Estimated Vaccination Coverage with Individual Vaccines and Selected Vaccination Series By 24 Months of Age by State and Immunization Action Plan Area -- US, National Immunization Survey, Q3/2002-Q2/2003. Children in the Q3/2002-Q2/2003 National Immunization Survey were born between August 1999 and November 2001.
http://www2a.cdc.gov/nip/coverage/nis/nis_iap.asp?fmt=v&rpt=tab09_24mo_iap&qtr=Q3/2002-Q2/2003
8. **Section Number:** Performance Measure #8
Field Name: PM08
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent available data. Denominator does not include 7 births with missing maternal age.
9. **Section Number:** Performance Measure #9
Field Name: PM09
Row Name:
Column Name:
Year: 2005
Field Note:
Data provided for this measure is an estimate. One of the goals of the District's SSDI grant obtain accurate information for this performance measure by conducting a oral health visual screening needs assessment of a sample of third grade students. This activity will be completed in time for next year's Block grant submission.
10. **Section Number:** Performance Measure #10
Field Name: PM10
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent available data. Please note 2001 numerator has been changed from "3" to "2" based a recent report from SCHSA.
11. **Section Number:** Performance Measure #11
Field Name: PM11
Row Name:
Column Name:
Year: 2005

Field Note:

CY 2002 is the most recent available data.

12. Section Number: Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2005

Field Note:

Approximately 300 births may not have been screened at GSE hospital. Currently, staff is linking hearing screening data to the 2003 birth file to ascertain how many infant were actually missed.

13. Section Number: Performance Measure #13

Field Name: PM13

Row Name:

Column Name:

Year: 2005

Field Note:

Source: The Henry J. Kaiser Family Foundation State Health Facts Online website www.statehealthfacts.org.

14. Section Number: Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2005

Field Note:

2002 is the most recent available data. Denominator does not include 4 records missing birthweight.

15. Section Number: Performance Measure #16

Field Name: PM16

Row Name:

Column Name:

Year: 2005

Field Note:

2002 is the most recent available data. Please note 2001 numerator has been changed from "1" to "2" based on report from SCHSA.

16. Section Number: Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2005

Field Note:

2002 is the most recent available data. Please note that data for 2001 was updated this year.

17. Section Number: Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2005

Field Note:

2002 is the most recent data available. The Denominator does not include 1,025 cases with missing data.

18. Section Number: State Performance Measure #1

Field Name: SM1

Row Name:

Column Name:

Year: 2005

Field Note:

2002 is the most recent year of data available. Denominator does not include 1,188 records with missing information.

19. Section Number: State Performance Measure #4

Field Name: SM4

Row Name:

Column Name:

Year: 2005

Field Note:

FY03 data is the most recent information available. Data reported reflects number screened (denominator) through the Childhood Lead Poisoning, Screening, Education Program (CLPSEP) and results over 10 ug/dL (numerator). Program is unable to provide prevalence levels at this time. However, during FY04 CLPSEP purchased tracking software that will facilitate this in the future. MCH staff will work with the program to ensure that prevalence data is available for FY05.

20. Section Number: State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2005

Field Note:

2002 is the recent available data.

21. Section Number: State Performance Measure #7

Field Name: SM7

Row Name:

Column Name:

Year: 2005

Field Note:

Data is based on results of PRAMS survey for 2002.

22. Section Number: State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2005

Field Note:

2002 is the most recent available data. Denominator does not include 1,025 cases with missing data.

23. Section Number: State Performance Measure #9

Field Name: SM9

Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent year of data available. Please note that 2001 data was updated this year.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(iii) AND 506 (A)(2)(A)(iii)]
STATE: DC

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	11.9	11.5	11	10.6	10.2
Annual Indicator	15.0	11.9	10.6	11.5	
Numerator	113	91	81	86	
Denominator	7,513	7,666	7,621	7,494	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	9.8	9.4			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	4.8	4.8	4.6	4.6	4.4
Annual Indicator	2.3	11.6	5.2	2.1	
Numerator	18.5	15.1	14.5	14.1	
Denominator	8.2	1.3	2.8	6.6	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	4.3	4			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	6.6	6	5.6	7.7	7.4
Annual Indicator	11.8	8.7	7.7	7.7	
Numerator	89	67	59	58	
Denominator	7,513	7,666	7,621	7,494	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	7	6.6			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

	<u>Annual Objective and Performance Data</u>				
	1999	2000	2001	2002	2003
Annual Performance Objective	5.3	5.5	5.4	2.9	2.8
Annual Indicator	3.2	3.1	2.9	3.7	
Numerator	24	24	22	28	
Denominator	7,513	7,666	7,621	7,494	
Is the Data Provisional or Final?				Final	

	<u>Annual Objective and Performance Data</u>				
	2004	2005	2006	2007	2008
Annual Performance Objective	2.8	2.8			
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	20.8	20	20	19.8	19.4
Annual Indicator	19.8	16.4	22.2	22.4	
Numerator	150	127	171	170	
Denominator	7,574	7,750	7,711	7,578	
Is the Data Provisional or Final?				Final	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	19	18.8	18	18	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

<u>Annual Objective and Performance Data</u>					
	1999	2000	2001	2002	2003
Annual Performance Objective	42.9	38.4	38.4	34.4	30.8
Annual Indicator	36.2	0	31.0		
Numerator	27		28		
Denominator	74,627		90,318		
Is the Data Provisional or Final?				Provisional	

<u>Annual Objective and Performance Data</u>					
	2004	2005	2006	2007	2008
Annual Performance Objective	27.6	24.7	24	24	
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

STATE OUTCOME MEASURE # 1

Rate of confirmed deaths due to SIDS, average for 3-year period

Annual Objective and Performance Data					
	1999	2000	2001	2002	2003
Annual Performance Objective	1.2	1.2	1	.9	.8
Annual Indicator	0.3	1.2	0.7	0.5	
Numerator	2	9	5	4	
Denominator	7,513	7,666	7,621	7,494	
Is the Data Provisional or Final?				Final	

Annual Objective and Performance Data					
	2004	2005	2006	2007	2008
Annual Performance Objective	<u>.7</u>	<u>7</u>	<u></u>	<u></u>	<u></u>
Annual Indicator					
Numerator					
Denominator					

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

FORM NOTES FOR FORM 12

None

FIELD LEVEL NOTES

1. **Section Number:** Outcome Measure 1
Field Name: OM01
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent data available.
2. **Section Number:** Outcome Measure 2
Field Name: OM02
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent available data.
3. **Section Number:** Outcome Measure 3
Field Name: OM03
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent available data.
4. **Section Number:** Outcome Measure 4
Field Name: OM04
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent available data.
5. **Section Number:** Outcome Measure 5
Field Name: OM05
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent available data.
6. **Section Number:** State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent available data.

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: DC

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

3

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

3

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

2

4. Family members are involved in service training of CSHCN staff and providers.

3

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

1

6. Family members of diverse cultures are involved in all of the above activities.

2

Total Score: 14

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: DC FY: 2005

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Establish (and institutionalize) a coordinating committee to strengthen system links among health, social services, juvenile justice, public schools, mental health, protective services and developmental disabilities.
2. Assess needs and resources to improve oral health among children and youth.
3. Implement universal newborn hearing screening and ensure follow up diagnostic and early intervention services.
4. Work through health services delivery systems and neighborhood organizational infrastructure to reduce incidence of SIDS and other infant deaths.
5. Eliminate racial/ethnic, immigrant status and class disparities in birth outcomes.
6. Reduce unintended pregnancies and teen births in the District.
7. Monitor/assess the effect of welfare repeal and mandatory managed care on health status.
8. Increase the proportion of the population that is insured.
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: DC

APPLICATION YEAR: 2005

No.	Category of Technical Assistance Requested	Description of Technical Assistance Requested (max 250 characters)	Reason(s) Why Assistance Is Needed (max 250 characters)	What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters)
1.	Data-related Issues - Needs Assessment If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u>N/A</u>	not yet specified	currently being assessed	not yet determined
2.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
3.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
4.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
5.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
6.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
7.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
8.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
9.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
10.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the			

	measure number here: _____			
11.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			
12.	If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____			

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: DC

SP # 1

PERFORMANCE MEASURE:

Percent of live births to women who receive adequate prenatal care (Kotlechuck)

STATUS:

Active

GOAL

To provide accessible safety net services to pregnant women

DEFINITION

Numerator:

Number of live births with adequate care using Kotlechuck Index

Denominator:

Total live births in calendar year for which adequacy of care is known.

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

SCHS - state vital recordsThe appropriateness of this and other indices has been discussed in the literature. (See Public Health Reports Sept. - Oct. 1996.) There is a very high proportion of missing data for this measure.

SIGNIFICANCE

This provides a measure of access to and utilization of prenatal care.

SP # 3

PERFORMANCE MEASURE:

Percent of Medicaid enrolles receiving EPSDT screening

STATUS:

Active

GOAL

To increase children's participation in and receipt of EPSDT screening services

DEFINITION

Participant ratio as defined in 416 report to HCFA

Numerator:

Number of Medicaid eligible beneficiaries under age 21 who received at least one initial or periodic screening service

Denominator:

Number of Medicaid eligible beneficiaries under age 21 who should receive at least one initial or periodic screening service in FY

Units: 100 **Text:** 1

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

The state Medicaid agency is required to submit the 416 report to HCFA annually. The participation ratio reflects adjustments based on EPSDT periodicity schedule.

SIGNIFICANCE

Low participation affects opportunities to correct many health problems and thus contributes to prevalence of children with special need.

SP # 4

PERFORMANCE MEASURE:

Prevalence of lead levels > 10 ug/dL among children through age 6

STATUS:

Active

GOAL

To reduce/control effects of exposure to lead and resulting irreversible neurological damage

DEFINITION

DC measure reflects recent changes in CDC recommendations re: exposure.

Numerator:

Number of children screened in the FY who have at least one positive test result.

Denominator:

Number of children screened at least once

Units: 100 **Text:** Per thousand

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

DC CLPPP lead registry Prevalence estimates are not currently population based. Installation of an automated system will provide data to estimate coverage of testing and excess exposure rates.

SIGNIFICANCE

Most DC inner city children are at high risk of exposre due to older housing stock. Exposure may result in irreversible damage.

SP # 5

PERFORMANCE MEASURE:

Prevalence of tobacco use among pregnant women

STATUS:

Active

GOAL

To reduce the adverse effects of tobacco on pregnant women and their fetuses

DEFINITION

Numerator:

Number of women reported on birth certificates as using tobacco during pregnancy

Denominator:

Number of live births in calendar year

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

SCHS - state birth certificate fileThe birth certificate data on tobacco use probably results in gross under-reporting.

SIGNIFICANCE

The adverse effect of tobacco on pregnancy and birth outcomes is well-known.

SP # <u>7</u>	
PERFORMANCE MEASURE:	Proportion of unintended pregnancy
STATUS:	Active
GOAL	To increase use of family planning services
DEFINITION	<p>Percent (with confidence internals) of women giving birth who responded pregnancy was not wanted at all or not wanted at that time</p> <p>Numerator: Number of survey respondents who said pregnancy was not wanted at all or not wanted at that time</p> <p>Denominator: Weighted number of respondents</p> <p>Units: 100 Text: percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	PRAMS 1996 data have been collected but not analyzed. Data collection lapsed from January 1997-June 1998. Data collection resumed in 1999 with a different sampling d4esign
SIGNIFICANCE	Intendedness rates suggest "success" of family planning efforts. Intendedness affects entry into prenatal care.

SP # 8

PERFORMANCE MEASURE:

Percent of resident women who give birth with no prenatal care or entry into prenatal care in 3rd trimester

STATUS:

Active

GOAL

to improve maternal health and birth outcomes

DEFINITION

Numerator:

number of annual resident births for which birth certificate recorded no prenatal care or entry into prenatal care in 3rd trimester

Denominator:

total annual resident births for which trimester of entry is known

Units: 100 **Text:** percent

HEALTHY PEOPLE 2010 OBJECTIVE

DATA SOURCES AND DATA ISSUES

birth certificate/ birth file. In DC there is a high proportion of missing data for trimester of entry.

SIGNIFICANCE

No or late entry prenatal care subjects the mother and infant to an array of adverse outcomes, including HIV infection, drug exposure and maternal and infant death.

SP # <u>9</u>	
PERFORMANCE MEASURE:	Incidence of repeat births for teens less than 19 years of age
STATUS:	Active
GOAL	to reduce the teen birth rate
DEFINITION	<p>Numerator: number of annual births to women less than 19 years of age not first birth</p> <p>Denominator: number of annual births to women less than 19 years of age</p> <p>Units: 100 Text: percent</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	birth certificates/birth file
SIGNIFICANCE	Early child bearing may contribute to poor spacing of pregnancies and multiple pregnancies, which lead to adverse maternal and infant outcomes.

SO # <u>1</u>	
OUTCOME MEASURE:	Rate of confirmed deaths due to SIDS, average for 3-year period
STATUS:	Active
GOAL	to reduce number of SIDS deaths and, in turn, the IMR
DEFINITION	<p>Numerator: number of investigated and confirmed DC resident SIDS deaths. Numerator is number of SIDS deaths in that calendar year.</p> <p>Denominator: number of live births in calendar year.</p> <p>Units: 1000 Text: rate per thousand</p>
HEALTHY PEOPLE 2010 OBJECTIVE	
DATA SOURCES AND DATA ISSUES	death certificates/death fileCoding and diagnoses issues have been discussed in the literature.
SIGNIFICANCE	Many SIDS deaths are preventable, and their reduction will affect the postnatal mortality rate in DC.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: DC

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	91.2	58.4	51.3	21.8	21.8
Numerator	249	190	167	71	71
Denominator	27,300	32,536	32,536	32,536	32,536
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose ages less than one year during the reporting year who received at least one initial periodic screen.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	34.8	44.3	48.3	56.4	73.3
Numerator	2,419	35,904	41,594	3,428	3,616
Denominator	6,951	80,987	86,075	6,078	4,935
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (SCHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	0	0	0	0	0
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	77.4	76.9	64.9	60.2	65
Numerator	4,551	4,723	4,235	3,794	
Denominator	5,877	6,145	6,529	6,306	
Is the Data Provisional or Final?				Final	Provisional

HEALTH SYSTEMS CAPACITY MEASURE # 07

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>22.9</u>	<u>29.6</u>	<u>0</u>	<u>31.5</u>	<u>23.1</u>
Numerator	<u>4,521</u>	<u>6,067</u>	<u></u>	<u>5,678</u>	<u>4,354</u>
Denominator	<u>19,761</u>	<u>20,496</u>	<u></u>	<u>18,027</u>	<u>18,867</u>
Is the Data Provisional or Final?				Final	Final

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

	Annual Indicator Data				
	1999	2000	2001	2002	2003
Annual Indicator	<u>10.0</u>	<u>3.3</u>	<u>3.3</u>	<u>3.3</u>	<u>3.2</u>
Numerator	<u>254</u>	<u>110</u>	<u>110</u>	<u>110</u>	<u>110</u>
Denominator	<u>2,548</u>	<u>3,320</u>	<u>3,320</u>	<u>3,320</u>	<u>3,420</u>
Is the Data Provisional or Final?				Final	Final

FORM NOTES FOR FORM 17

None

FIELD LEVEL NOTES

1. **Section Number:** Health Systems Capacity Indicator #01
Field Name: HSC01
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent year of data available.
2. **Section Number:** Health Systems Capacity Indicator #03
Field Name: HSC03
Row Name:
Column Name:
Year: 2005
Field Note:
According to the State Medicaid Office, SCHIP numbers are reported with Medicaid numbers on Form 416. At the time of this writing they were unable to provide unaggregated numbers for SCHIP for this performance measure.
3. **Section Number:** Health Systems Capacity Indicator #04
Field Name: HSC04
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent available year for data.
4. **Section Number:** Health Systems Capacity Indicator #08
Field Name: HSC08
Row Name:
Column Name:
Year: 2005
Field Note:
2003 denominator is based on December 2003 report by the Social Security Administration which lists the number of children under 16 receiving federally administered SSI payments by State.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: DC

INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i>	YEAR	DATA SOURCE	POPULATION		
			MEDICAID	NON-MEDICAID	ALL
a) Percent of low birth weight (< 2,500 grams)	2002	Other	<u>0</u>	<u>0</u>	<u>11.6</u>
b) Infant deaths per 1,000 live births	2002	Other	<u>6.3</u>	<u>5.2</u>	<u>11.5</u>
c) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester	2002	Other	<u>0</u>	<u>0</u>	<u>75.5</u>
d) Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])	2002	Other	<u>0</u>	<u>0</u>	<u>60.2</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (MEDICAID ELIGIBILITY LEVEL)
STATE: DC

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent)
a) Infants (0 to 1)	2003	<u>185</u>
b) Medicaid Children (Age range <u>2</u> to <u>22</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2003	<u>133</u> <u> </u> <u> </u>
c) Pregnant Women	2003	<u>185</u>

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06 (SCHIP ELIGIBILITY LEVEL)
STATE: DC

INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i>	YEAR	PERCENT OF POVERTY LEVEL SCHIP
a) Infants (0 to 1)	2003	<u>200</u>
b) Medicaid Children (Age range <u>2</u> to <u>22</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>)	2003	<u>200</u> <u> </u> <u> </u>
c) Pregnant Women	2003	<u>200</u>

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - Medicaid
Field Name: Med_Children
Row Name: Medicaid Children
Column Name:
Year: 2005
Field Note:
The age range for 2-22 is actually 0-22. TVIS will not allow for overlapping ages.
2. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Children
Row Name: SCHIP Children
Column Name:
Year: 2005
Field Note:
The age range 2-22 is actually 0-22. TVIS will not allow for overlapping ages.
3. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2005
Field Note:
As of this report the birth file has not been linked to the Medicaid file for CY02.
4. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2005
Field Note:
Information for Medicaid/Non-Medicaid was obtained by checking for the 86 infant names and their mother's names in the Income Maintenance Administration's (IMA) Automated Client Eligibility Determination System (ACEDS).
5. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2005
Field Note:
As of this report the birth file has not been linked to the Medicaid file for CY02.
6. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2005
Field Note:
As of this report the birth file has not been linked to the Medicaid file for CY02.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: DC

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

DATABASES OR SURVEYS	Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) *	Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N)
ANNUAL DATA LINKAGES		
Annual linkage of infant birth and infant death certificates	3	Yes
Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files	2	Yes
Annual linkage of birth certificates and WIC eligibility files	3	Yes
Annual linkage of birth certificates and newborn screening files	3	Yes
REGISTRIES AND SURVEYS		
Hospital discharge survey for at least 90% of in-State discharges	3	Yes
Annual birth defects surveillance system	3	Yes
Survey of recent mothers at least every two years (like PRAMS)	3	Yes

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: DC

DATA SOURCES	Does your state participate in the YRBS survey? (Select 1 - 3)*	Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	2	No
Other:		

HEALTH SYSTEMS CAPACITY INDICATOR #09C (Data Capacity) Overweight/Obesity
(The Ability of the State to Determine the Percent of Children Who are Obese or Overweight)

Data Source	Does your state participate in this survey/data source? (Select 1 - 3)*	Does your MCH program have direct access to this electronic database for analysis? (Select Y/N)
Youth Risk Behavior Survey (YRBS)	2	No
Pediatric Nutrition Surveillance System (PedNSS)	3	No
WIC Program Data	3	Yes
Other:		

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

Notes:

1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05.

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09B

Field Name: YRBSS_09B

Row Name: Youth Risk Behavior Surveillance

Column Name:

Year: 2005

Field Note:

While the MCH program does not have direct access to the electronic file. Spreadsheets are provided by CDC as well as DCPS. Staff are currently working to obtain direct access to the database.

2. **Section Number:** Indicator 09C

Field Name: PEDNSS_09C

Row Name: Pediatric Nutrition Surveillance System

Column Name:

Year: 2005

Field Note:

While the MCH program does not have direct access to the electronic database, they are provided with tables/spreadsheets for each of the variables. Currently, MCH staff are working with the WIC State Agency to obtain electronic access to the PedNSS database.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: DC

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	13.3	11.9	12.2	11.6	
Numerator	999	913	928	866	
Denominator	7,511	7,666	7,621	7,490	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	11.4	10.3	10.3	10.1	
Numerator	822	757	752	732	
Denominator	7,210	7,381	7,336	7,248	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	3.5	2.7	2.7	2.7	
Numerator	263	209	209	205	
Denominator	7,511	7,666	7,621	7,490	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	2.8	2.5	2.4	2.4	
Numerator	200	182	173	175	
Denominator	7,210	7,381	7,336	7,248	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	9.7	0.0	8.2	3.1	
Numerator	8	0	8	3	
Denominator	82,140	97,939	97,939	97,939	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	4.9	0	2.0	0.0	
Numerator	4		2	0	
Denominator	82,140		97,939	97,939	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator	11.9	0.0	14.5	10.0	
Numerator	7	0	13	9	
Denominator	58,821	86,690	89,690	89,690	
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

	1999	2000	<u>Annual Indicator Data</u>		2003
			2001	2002	
Annual Indicator					
Numerator					
Denominator					
Is the Data Provisional or Final?				Provisional	

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Provisional	

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	_____	_____	_____	_____	_____
Numerator	_____	_____	_____	_____	_____
Denominator	_____	_____	_____	_____	_____
Is the Data Provisional or Final?				Provisional	

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	78.8	75.6	55.4	55.5	_____
Numerator	1,016	1,075	1,099	1,102	_____
Denominator	12,893	14,223	19,851	19,851	_____
Is the Data Provisional or Final?				Final	

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

	<u>Annual Indicator Data</u>				
	1999	2000	2001	2002	2003
Annual Indicator	11.0	12.4	12.2	13.1	_____
Numerator	1,242	1,528	1,509	1,629	_____
Denominator	112,443	123,166	123,882	123,882	_____
Is the Data Provisional or Final?				Final	

FORM NOTES FOR FORM 20

None

FIELD LEVEL NOTES

1. **Section Number:** Health Status Indicator #01A
Field Name: HSI01A
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent year of data available. Denominator does not include 4 cases with missing birthweight data.
2. **Section Number:** Health Status Indicator #01B
Field Name: HSI01B
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent year of data available.
3. **Section Number:** Health Status Indicator #02A
Field Name: HSI02A
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent year of data available. Denominator does not include 4 cases with missing birthweight information.
4. **Section Number:** Health Status Indicator #02B
Field Name: HSI02B
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent year of available data.
5. **Section Number:** Health Status Indicator #03B
Field Name: HSI03B
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent available data. Please note that the 2001 numerator has changed from "3" to "2" based on a recent report from the SCHSA.
6. **Section Number:** Health Status Indicator #03C
Field Name: HSI03C
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent available data. Please note the numerator for 2001 has changed from "18" to "13" based a report from SCHSA.
7. **Section Number:** Health Status Indicator #05A
Field Name: HSI05A
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent available year for data.
8. **Section Number:** Health Status Indicator #05B
Field Name: HSI05B
Row Name:
Column Name:
Year: 2005
Field Note:
2002 is the most recent available year of data.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: DC

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 0 Is this data from a State Projection? No

CATEGORY TOTAL POPULATION BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	0							
Children 1 through 4	0							
Children 5 through 9	0							
Children 10 through 14	0							
Children 15 through 19	0							
Children 20 through 24	0							
Children 0 through 24	0	0	0	0	0	0	0	0

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1			
Children 1 through 4			
Children 5 through 9			
Children 10 through 14			
Children 15 through 19			
Children 20 through 24			
Children 0 through 24	0	0	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: DC

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2002 Is this data from a State Projection? No

CATEGORY TOTAL LIVE BIRTHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Women < 15	21	0	17	0	0	0	0	4
Women 15 through 17	348	11	287	0	1	0	0	49
Women 18 through 19	587	14	478	0	2	1	0	92
Women 20 through 34	5,115	1,103	3,172	3	117	23	0	697
Women 35 or older	1,416	679	575	4	32	10	0	116
Women of all ages	7,487	1,807	4,529	7	152	34	0	958

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Women < 15	18	3	
Women 15 through 17	296	52	
Women 18 through 19	496	91	
Women 20 through 34	4,388	727	
Women 35 or older	1,292	124	
Women of all ages	6,490	997	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: DC

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2002 Is this data from a State Projection? No

CATEGORY TOTAL DEATHS BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown
Infants 0 to 1	86	15	66					5
Children 1 through 4	6		6					
Children 5 through 9	6		6					
Children 10 through 14	7	2	5					
Children 15 through 19	46	4	42					
Children 20 through 24	94	5	87					2
Children 0 through 24	245	26	212	0	0	0	0	7

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported
Infants 0 to 1	83	3	
Children 1 through 4	6		
Children 5 through 9	6		
Children 10 through 14	7		
Children 15 through 19	45	1	
Children 20 through 24	93	1	
Children 0 through 24	240	5	0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: DC

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

CATEGORY Miscellaneous Data BY RACE	Total All Races	White	Black or African American	American Indian or Native Alaskan	Asian	Native Hawaiian or Other Pacific Islander	More than one race reported	Other and Unknown	Specific Reporting Year
All children 0 through 19	0								
Percent in household headed by single parent									
Percent in TANF (Grant) families									
Number enrolled in Medicaid	0								
Number enrolled in SCHIP	0								
Number living in foster home care	0								
Number enrolled in food stamp program	0								
Number enrolled in WIC	0								
Rate (per 100,000) of juvenile crime arrests									
Percentage of high school drop-outs (grade 9 through 12)									

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY	Total NOT Hispanic or Latino	Total Hispanic or Latino	Ethnicity Not Reported	Specific Reporting Year
All children 0 through 19				
Percent in household headed by single parent				
Percent in TANF (Grant) families				
Number enrolled in Medicaid				
Number enrolled in SCHIP				
Number living in foster home care				
Number enrolled in food stamp program				
Number enrolled in WIC				
Rate (per 100,000) of juvenile crime arrests				
Percentage of high school drop-outs (grade 9 through 12)				

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: DC

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2000 Is this data from a State Projection? No

GEOGRAPHIC LIVING AREAS	TOTAL
Living in metropolitan areas	
Living in urban areas	135,806
Living in rural areas	
Living in frontier areas	
Total - all children 0 through 19	135,806

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: DC

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2000 Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Total Population	572,059.0
Percent Below: 50% of poverty	9.0
100% of poverty	4.0
200% of poverty	7.0

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: DC

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: Is this data from a State Projection? No

POVERTY LEVELS	TOTAL
Children 0 through 19 years old	
Percent Below: 50% of poverty	
100% of poverty	
200% of poverty	

FORM NOTES FOR FORM 21

2002 data for births by maternal age does not include 7 with unknown age.

FIELD LEVEL NOTES

1. **Section Number:** Indicator 10
Field Name: Urban
Row Name: Living in urban areas
Column Name:
Year: 2005
Field Note:
Source: 2000 US Census
2. **Section Number:** Indicator 11
Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2005
Field Note:
Source: 2000 US Census
3. **Section Number:** Indicator 11
Field Name: S11_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2005
Field Note:
Source: 2001 Current Population Survey (CPS)
4. **Section Number:** Indicator 11
Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2005
Field Note:
Source: 2001 Current Population Survey (CPS) Data given is for 100-124% of FPL
5. **Section Number:** Indicator 11
Field Name: S11_200percent
Row Name: 200% of poverty
Column Name:
Year: 2005
Field Note:
Source: 2001 Current Population Survey (CPS) Data given is for 200-249% of FPL